05038

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Grasonville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Mildred (Last) Adams

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 25 1903
9. AGE last birthday 45 yrs. If under 1 year Months 9 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Ocean City N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Bertram Smith
14. MOTHER'S MAIDEN NAME Eliz. Headley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 182-10-3219
17. INFORMANT Husband — H. F. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) auto accident - collided with a truck loaded with lumber - boards on lumber truck

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) penetrated wind shield & glass cut her neck & internal jugular vein

(c)

816.5
170 C

INTERVAL BETWEEN ONSET AND DEATH: not over 30 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State highway near Grasonville - 2 a. (CITY OR TOWN) (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 7-1949 11 30 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Collided with lumber truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher - M.D. (Degree or title) ADDRESS Centreville Md Deptr Med Exam 2 a Co DATE SIGNED 5/7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 10-49
NAME OF CEMETERY OR CREMATORY Landon Park
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 5/7/49
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Wm Cook Funeral Mansion ADDRESS Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05039

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Q. A. C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Anderson

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feby 22-73

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor.

11. BIRTHPLACE (State or foreign country): Chester Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Perry Anderson.

14. MOTHER'S MAIDEN NAME: Mary T. Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Grace Nickerson. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Endocarditis — Interval Between Onset and Death: 18 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Anemia — 3 mos

(c) Arterio Sclerosis

450.0

92e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Chester (COUNTY) Q/A (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to April, 1949, that I last saw the deceased alive on May 4th, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE Dr. Chas E. Snyder (Degree or title) ADDRESS Stevensville Md DATE SIGNED 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE May 7-49; NAME OF CEMETERY OR CREMATORY: Chester; LOCATION (City, town, or county): Chester; (State): Md

DATE REC'D BY LOCAL REG.: May 9-49

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Lewis A. Henry ADDRESS: Centreville Md

VS. A15

RECEIVED
MAY 14 1949
BUREAU OF S.

05040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price R. F. D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stephan (Middle) E (Last) Bostic

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: May 29-1890

9. AGE last birthday: 58 yrs. — If under 1 year: Months 11, Days 24, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queen Anne Co

12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME: Stephan R. Bostic

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Lulu Bostic (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) He had Acute Glaucoma, with removal

387 Antecedent cause(s)

572 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Of right eye — with headaches & mental depression

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I believe he had a Cerebral Tumor.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 1:10 a m., from the causes and on the date stated above.

SIGNATURE: W Henry Fisher (Degree or title) — ADDRESS: Centreville Md — DATE SIGNED: 5/24-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 25-1949 | NAME OF CEMETERY OR CREMATORY: Sudlersville | LOCATION (City, town, or county): Sudlersville | (State): Md

DATE REC'D BY LOCAL REG.: May 24-1949 | REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

RECEIVED
MAY 28 1949
BUREAU V. S.

05041

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Stevensville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Archie (Middle) (Last) Dennis
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1949
5. SEX male
6. COLOR OR RACE Col.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH ~~Month~~ 1904 Dont Know
9. AGE last birthday 45? yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Crisfield Md.
12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME John Dennis
14. MOTHER'S MAIDEN NAME Dont Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. ✓
17. INFORMANT Helen Dennis Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) He was taken ill while asleep & died

95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) history of shortness of breath - no Dr ever

(c) attended him - evidently a heart attack.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md. DATE SIGNED 5/13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13 1949
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Cambridge Dorchester (State)
DATE REC'D BY LOCAL REG. May 13 1949
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Lewis H Boyden ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 17 1949
BUREAU V. S.

Evidence for addition information in #1 is on:

05042

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 120 JUN -6 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHED ASHORE NEAR. — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: STEVENSVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thos. (Middle) H (Last) Elborne

4. DATE OF DEATH: (Month) May (Day) 7- (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~MARRIED~~

8. DATE OF BIRTH: June 4-1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months 11, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oysterman

11. BIRTHPLACE (State or foreign country): Kent Co Md

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Jas Thomas Elborne

14. MOTHER'S MAIDEN NAME: Rebecca Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo Wm Jr (Son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): He went out in Sm sail boat & a Thunder Storm Came up- he was not found for 12 days

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Henry Fisher (Degree or title) M.D. ADDRESS: Centreville Md DATE SIGNED: 5/20-49

Deputy Med exam for 2-A Co

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: 5-20-49 — NAME OF CEMETERY OR CREMATORY: Thalson Cemetery — LOCATION (City, town, or county): Chester — (State): Md

DATE REC'D BY LOCAL REG.: May 23-49 — REGISTRAR'S SIGNATURE: Elizabeth Hoyte

24. FUNERAL DIRECTOR: Edgar L Lane — ADDRESS: Church Hill Md

RECEIVED
JUN 1 1949
BUREAU V. S.

05044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ingleside — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ingleside
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) SUSAN (Last) HOLDEN
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949
5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 5 - 1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Henry Carter
14. MOTHER'S MAIDEN NAME: Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Howard Holden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Mitral Neck Lesion

Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While at Work — HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from May, 1949 to May 23, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: Dr Norman S. Dudley (Degree or title) — ADDRESS: Church Hill — DATE SIGNED: May 24 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 26 — NAME OF CEMETERY OR CREMATORY: Easton — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG.: May 24 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

05045

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Ipsen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Hill — LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Hill
STREET ADDRESS (If rural, give location): Main St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) S. (Last) McGinnis
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 18, 1872
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Judge
10b. KIND OF BUSINESS OR INDUSTRY: Broadhead
11. BIRTHPLACE (State or foreign country): Queen Anne
12. CITIZEN OF WHAT COUNTRY?: Queen Anne
13. FATHER'S NAME: Wellington H. McGinnis
14. MOTHER'S MAIDEN NAME: Catherine Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Edgar Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral Heart Disease
Antecedent cause(s) (b) Cerebral Hemorrhage
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) High Blood Pressure

331
92 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Church Hill (CITY OR TOWN) Queen Anne (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐: No
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Mch 1, 1949, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE: Norman S. Dudley (Degree or title) Physician — ADDRESS: Chester — DATE SIGNED: 5-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 5, 1949 — NAME OF CEMETERY OR CREMATORY: Sudlersville — LOCATION (City, town, or county): Sudlersville (State): Md.

DATE REC'D BY LOCAL REG.: 5-3-49 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU V. S.

05046

251

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) R. (Last) PHILLIPS

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 10, 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Thomas Taylor

14. MOTHER'S MAIDEN NAME: Martha Seegar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. James Groff Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Acute Cardiac Dilatation

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): D

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 9, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 10.30 P.m., from the causes and on the date stated above.

SIGNATURE: C. H. Whitcalbe (Degree or title) M.D. ADDRESS: Sudlersville Md DATE SIGNED: 5/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 12 1949 — NAME OF CEMETERY, OR CREMATORY: Sudlersville — LOCATION (City, town, or county): Sudlersville (State): Md.

DATE REC'D BY LOCAL REG.: May 11, 1949 — REGISTRAR'S SIGNATURE: Edward Fellows Edgar Lane — 24. FUNERAL DIRECTOR: Edward Fellows Millington Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05047

CERTIFICATE OF DEATH

Reg. Dist. No. 2552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anna MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queensb.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Centreville md	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Burrisville md.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville md. STREET ADDRESS Nr. Centreville (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) LENA	(Middle)	(Last) SPARKS.	4. DATE OF DEATH	(Month) May	(Day) 10	(Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH June 6-1896	9. AGE last birthday 52 yrs.	If under 1 year Months 11	Days 4	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown.		14. MOTHER'S MAIDEN NAME Ella Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Jacob Bolden.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart	
443 Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-1, 1949, to 5/10, 1949 that I last saw the deceased alive on 5/8, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE H. McPherson (Degree or title) ADDRESS Centreville DATE SIGNED 5/12/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE May 14-49	NAME OF CEMETERY OR CREMATORY Burrsville md.	LOCATION (City, town, or county) Burrsville	(State) Md.
DATE REC'D BY LOCAL REG. 5-12-49	REGISTRAR'S SIGNATURE Elsie Armstrong	24. FUNERAL DIRECTOR Sewell A. Henry.	ADDRESS Centreville	

RECEIVED
MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05238

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Q A

City or town: Ph Barclay
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 yrs

Hospital, institution, or street address where death occurred: NO

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Barclay
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: William Harry Thompson

3. (b) Social Security Number: ✓

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Phacel A Thompson

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): April Aug 8 1874

8. AGE: Years: 75 Months: 11 Days: 19 If less than one day ..... hrs. ..... min.

9. Birthplace: Q A Q (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: Wm Thompson
13. Birthplace: Q A

MOTHER
14. Maiden name: —
15. Birthplace: Sarah Nickerson

16. Informant: Medford Thompson
Address: Sudbrook Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/30/49 (month) (day) (year)

Cemetery or crematory: Busic

Location: Near Barclay, Md.

18. Funeral director: R. B. Rawlings
Address: Greensboro, Md.

19. 5/27/49 (Date rec'd by registrar) Edgar L. Lane, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1949 at 3:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1942 to May 27 1949 and that I last saw him alive on May 27 1949

Immediate cause of death: Coronary Thrombosis

Due to: Arterial Sclerosis

Due to: Chronic Myocarditis

Other conditions: 420.1 93d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: C T Mitchell M. D. or other

Address: Sudbrook Md Date signed: 5/27/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05048

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: About 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Washwoman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queen Anne Co

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Dont Know

14. MOTHER'S MAIDEN NAME: Martha Deaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Grace Wilson Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral regurgitation

410

Antecedent cause(s)

92 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949, to May 19, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Deacon Fisher | ADDRESS: Centreville Md | DATE SIGNED: 5-20-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 21-1949 | NAME OF CEMETERY OR CREMATORY: Burnsville | LOCATION (City, town, or county) (State): Burnsville Ind.

DATE REC'D BY LOCAL REG.: May 20-1949 | REGISTRAR'S SIGNATURE: Edgar L. Lane | 24. FUNERAL DIRECTOR: Edgar L. Lane | ADDRESS: Church Hill

RECEIVED
MAY 28 1949
BUREAU V. S.

05239

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM J WILSON
4. DATE OF DEATH (Month) (Day) (Year) May 29 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 8 1858
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Kent Md.
12. CITIZEN OF WHAT COUNTRY? Usa
13. FATHER'S NAME Allen Wilson
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Crawford Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — many years.

93d (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic Gall Bladder disease.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ ~~Not~~ While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 17, 1949, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 12 20 P.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED 6/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 3 1949
NAME OF CEMETERY OR CREMATORY Pondtown
LOCATION (City, town, or county) Pondtown (State) Md.

DATE REC'D BY LOCAL REG. June 3, 1949
REGISTRAR'S SIGNATURE Edward Fellows. Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.